

**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN**

UNITED STATES OF AMERICA,

CIVIL ACTION NO.:

Plaintiff,

HONORABLE:

vs.

DWAINE K. WATSON
20466 WOODCREST STREET
HARPER WOODS, MI 48225

Defendant.

COMPLAINT

TO THE HONORABLE UNITED STATES DISTRICT COURT JUDGE:

Plaintiff the United States of America, by and through undersigned as Private Counsel to the Assistant United States Attorney for the Eastern District of Michigan hereby sets forth its Complaint against Defendant Dwaine K. Watson, and states as follows:

JURISDICTION AND VENUE

1. This court has jurisdiction over the subject matter of this action pursuant to 28 U.S.C. §1345. *See 28 U.S.C. §1345.*

2. Defendant is a resident of Wayne County, Michigan within the jurisdiction of this Court and may be served with process at his address set forth in the case caption.

**COUNT ONE- RECOVERY OF MEDICARE CONDITIONAL PAYMENTS PURSUANT
TO 42 U.S.C. §1395y AND 42 C.F.R. §411.24**

3. Paragraphs 1 and 2 of the Complaint are hereby realleged as if fully rewritten herein.

4. In accordance with 42 U.S.C. §1395y (b) (2) (B) (i), the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (hereinafter 'CMS') conditionally paid for Defendant's medical care related to an incident which occurred on April 1, 2015 that resulted in injuries sustained by the Defendant. *See 42 U.S.C. §1395y (b) (2) (i)*. As evidenced by the Payment Summary Form, a true and accurate copy of which is attached as Exhibit A¹, the full amount paid by CMS totaled \$17,616.94. *See Payment Summary Form*, attached as **Exhibit A**.

5. CMS determined that Defendant received a settlement, judgment, award, or other payment related to the April 1, 2015 incident.

6. Pursuant to 42 U.S.C. §1395y and 42 C.F.R. §411.24, Defendant is required to repay the amount of the conditional payments made by CMS based upon the settlement, judgment, award, or other payment received by the Defendant, and the United States is entitled to bring an action to recover any conditional payments made. *See 42 U.S.C. §1395y (b) (2) (B) (ii), (iii); See also 42 C.F.R. §411.24 (d), (g)*.

¹ The medical information contained on the Payment Summary Form has been redacted for privacy

7. The debt owed to the United States of America, referenced by **Account No.**

2021A41440, is broken down as follows:

a. Current Principal	\$17,616.94
b. Current Capitalized Interest Balance and Accrued Interest	\$5,630.36
c. Administrative Fee, Costs, Penalties	\$0.00
d. Credits previously applied (<i>Debtor payments, credits, and offsets</i>)	\$0.00
Total Owed	\$23,247.30

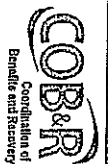
8. The Certificate of Indebtedness, a true and accurate copy of which is attached as Exhibit B, shows the total amount due and owing as of the date of the Certificate of Indebtedness. *See Certificate of Indebtedness*, attached as **Exhibit B**. Interest continues to accrue on the principal balance only at the rate of 10.250% pursuant to 42 C.F.R. §411.24(m). *See 42 C.F.R. §411.24 (m)*.

9. Demand has been made upon the Defendant for payment of the indebtedness, and the Defendant has neglected and refused to pay the same.

WHEREFORE, Plaintiff the United States of America respectfully requests this Court grant Judgment in its favor and against Defendant Dwaine Watson in an amount totaling \$23,247.30 plus interest that continues to accrue on the principal balance only at the rate of 10.250% per annum from June 15, 2021 plus attorney's fees to the extent allowed by law; a filing fee in the amount of \$400 as permitted by 28 U.S.C. §2412 (a) (2); and any other relief which the Court deems proper.

/s/ Thomas L. Sooy, Esq.

Thomas L. Sooy, Esq. (P80476)
The Law Offices of Robert A. Schuerger Co., LPA
Private Counsel, United States Department of Justice
1001 Kingsmill Parkway
Columbus, OH 43229
PH: 614-674-6902
FAX: 614-674-6864
Thomas.Sooy@usdoj.gov
Attorney for Plaintiff



Received Date: Nov 19 2019

Payment Summary Form

Report Number: RMCAN-5-5
Contractor: NGHP

Date: 04/18/2018
Time: 06:17:30

Page 6 of 12

Beneficiary Name: WATSON, DWAIN K
Beneficiary Medicare ID: [REDACTED]

Case ID: [REDACTED]
Case Type: [REDACTED]
Date of Incident: 04/01/2015

Reported Diagnosis Codes: [REDACTED]

TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	Diagnosis Codes	HCP/DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	04/01/2015	04/01/2015	\$5,164.00	\$614.68	\$614.68
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	07/03/2015	07/18/2015	\$1,250.01	\$1,760.54	\$1,250.01
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	11/06/2015	12/26/2015	\$4,750.01	\$3,663.27	\$3,663.27



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EXHIBIT



Received Date: Nov 19 2019

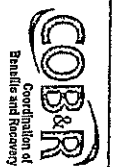
TOS	ICN	Line Processing # Contractor	Provider Name/PI#	ICD Ind	Diagnosis Codes	HCP/DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
							03/03/2016	04/15/2016	\$3,250.01	\$3,241.02	\$3,241.02
							08/11/2016	10/08/2016	\$5,250.01	\$3,408.67	\$3,408.67
							12/04/2016	12/04/2016	\$2,340.00	\$156.66	\$156.66
							01/18/2017	01/18/2017	\$551.00	\$80.24	\$80.24
							10/21/2017	11/29/2017	\$3,250.01	\$3,219.96	\$3,219.96
							04/01/2015	04/01/2015	\$40.00	\$9.42	\$9.42
							04/01/2015	04/01/2015	\$265.00	\$25.68	\$25.68
							04/01/2015	04/01/2015	\$40.00	\$9.42	\$9.42



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TOS	ICN	Line Processing # Contractor	Provider Name/NPI#	ICD Ind	Diagnosis Codes	HCP CS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	04/01/2015	04/01/2015	\$267.00	\$43.00	\$43.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	04/01/2015	04/01/2015	\$33.00	\$8.02	\$8.02
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	04/01/2015	04/01/2015	\$962.00	\$141.57	\$141.57
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	04/01/2015	04/01/2015	\$0.00	\$0.00	\$0.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	05/04/2015	05/04/2015	\$82.00	\$55.57	\$55.57
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	05/20/2015	05/20/2015	\$95.00	\$19.53	\$19.53
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	07/08/2015	07/08/2015	\$95.00	\$39.26	\$39.26
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	09/29/2015	09/29/2015	\$95.00	\$39.26	\$39.26
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	11/17/2015	11/17/2015	\$100.00	\$56.41	\$56.41
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	11/17/2015	11/17/2015	\$95.00	\$39.26	\$39.26
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	02/25/2016	02/25/2016	\$90.00	\$19.57	\$19.57
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	02/25/2016	02/25/2016	\$95.00	\$38.89	\$38.89



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Received Date: Nov 19 2019

TOS	ICN	Line Processing # Contractor	Provider Name/VP#	ICD Ind	Diagnosis Codes	HCP/CS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
							03/04/2016	03/04/2016	\$235.17	\$81.58	\$81.58
							03/04/2016	03/04/2016	\$278.76	\$58.27	\$58.27
							04/20/2016	04/20/2016	\$95.00	\$38.89	\$38.89
							06/29/2016	06/29/2016	\$95.00	\$19.44	\$19.44
							08/08/2016	08/08/2016	\$95.00	\$38.89	\$38.89
							08/08/2016	08/08/2016	\$82.00	\$55.72	\$55.72
							09/07/2016	09/07/2016	\$12.05	\$1.09	\$1.09
							09/07/2016	09/07/2016	\$12.05	\$1.09	\$1.09
							09/07/2016	09/07/2016	\$12.05	\$1.09	\$1.09
							09/07/2016	09/07/2016	\$12.05	\$1.09	\$1.09
							09/07/2016	09/07/2016	\$20.30	\$1.83	\$1.83



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TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	Diagnosis Codes	HCECS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	09/07/2016	09/07/2016	\$12.05	\$1.09	\$1.09
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	09/07/2016	09/07/2016	\$12.05	\$1.09	\$1.09
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	09/07/2016	09/07/2016	\$12.05	\$1.06	\$1.06
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	09/07/2016	09/07/2016	\$14.95	\$6.20	\$6.20
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	11/14/2016	11/14/2016	\$82.00	\$55.72	\$55.72
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	12/04/2016	12/04/2016	\$296.00	\$55.11	\$55.11
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	12/06/2016	12/06/2016	\$95.00	\$38.89	\$38.89
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	12/29/2016	12/29/2016	\$1,000.00	\$514.81	\$514.81
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	12/29/2016	12/29/2016	\$125.00	\$61.04	\$61.04
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	01/18/2017	01/18/2017	\$201.00	\$59.96	\$59.96



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Received Date: Nov 19 2019

TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	Diagnosis Codes	HCP/DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	01/31/2017	01/31/2017	\$273.00	\$84.64	\$84.64
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	01/31/2017	01/31/2017	\$95.00	\$19.21	\$19.21
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	01/31/2017	01/31/2017	\$95.00	\$38.41	\$38.41
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	04/12/2017	04/12/2017	\$99.00	\$43.26	\$43.26
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	05/09/2017	05/09/2017	\$82.00	\$54.72	\$54.72
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	10/19/2017	10/19/2017	\$48.20	\$4.37	\$4.37
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	10/19/2017	10/19/2017	\$60.00	\$0.00	\$0.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	10/19/2017	10/19/2017	\$12.05	\$1.09	\$1.09
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	10/19/2017	10/19/2017	\$20.30	\$1.84	\$1.84
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	10/19/2017	10/19/2017	\$12.05	\$1.09	\$1.09
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	10/19/2017	10/19/2017	\$20.25	\$9.01	\$9.01



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Received Date: Nov 19 2019

TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	Diagnosis Codes	HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
								10/19/2017	10/19/2017	\$12.05	\$1.09	\$1.09
								10/19/2017	10/19/2017	\$12.05	\$1.09	\$1.09
								10/19/2017	10/19/2017	\$12.05	\$1.11	\$1.11
								10/19/2017	10/19/2017	\$20.50	\$0.00	\$0.00
								11/06/2017	11/06/2017	\$150.00	\$83.78	\$83.78
Sum of Total Charges										\$31,970.03		
Total Reimbursed Amount										\$18,127.47		
Total Conditional Payments										\$17,616.94		



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U.S. DEPARTMENT OF THE TREASURY
BUREAU OF THE FISCAL SERVICE
WASHINGTON, DC 20227

ACTING ON BEHALF OF
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
CERTIFICATE OF INDEBTEDNESS

Dwaine Watson
19609 Dresden
Detroit, MI 48205
SSN: XXX-XX-3671

Agency Debt No.: TRFM9634459

I hereby certify, as part of my duties with the U.S. Department of the Treasury (Treasury), including referring matters to the U.S. Department of Justice (DOJ) for litigation, I am a custodian of records of certain files sent by the U.S. Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS) to Treasury for collection actions. As a custodian of records for Treasury, I have care and custody of records relating to the debt owed by Dwaine Watson, (DEBTOR) to HHS.

The information contained in this Certificate of Indebtedness is based on documents created by an employee or contractor of HHS based on his/her knowledge at or near the time the events were recorded, including the review of the delinquency of overpayments, or by an employee or contractor of Treasury based on his/her knowledge at or near the time the events were recorded, including the review of the delinquency of overpayments. Treasury's regular business practice is to receive, store and rely on the documents provided by HHS, when, debts are referred to Treasury for collection activities, including litigation.

On August 22, 2018, HHS determined the DEBTOR delinquent for an overpayment in the amount of \$17,616.94 with an annual interest rate of 10.25%, for CMS services rendered. HHS sent the DEBTOR letters advising of the overpayment and requesting payment to no avail.

HHS referred the claims to Treasury's Bureau of the Fiscal Service, Debt Management Services (DMS) for litigation and collection on October 5, 2018. Further, I certify that I am familiar with Treasury's record keeping practices, including the receipt of files from HHS.



U.S. DEPARTMENT OF THE TREASURY
BUREAU OF THE FISCAL SERVICE
WASHINGTON, DC 20227

ACTING ON BEHALF OF
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
CERTIFICATE OF INDEBTEDNESS

On June 9, 2021, DMS referred the claim to DOJ for litigation and collection in the amount due of \$17,616.94 with daily interest of \$4.95. As of June 15, 2021, the DEBTOR is indebted to the United States in the amounts stated as follows:

Principal:	\$ 17,616.94
Interest (@10.25%):	\$ 5,630.36
Total:	\$ 23,247.30

The balances stated in the cases listed above are current as of June 15, 2021, including any applicable interest, penalties, administrative fees, and DMS & DOJ fees (pursuant to 31 U.S.C. §§ 3717(e) and 3711(g)(6), (7); 31 C.F.R. 285.12(j) and 31 C.F.R. 901.1(f); and 28 U.S.C. § 527, note).

Pursuant to 28 U.S.C. § 1746(2), I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the HHS and information contained in Treasury's records.

6/16/2021

X 

Signed by: Natalie R. Stubbs

Natalie R. Stubbs
Financial Program Specialist
U.S. Department of the Treasury
Bureau of the Fiscal Service